New England Deaconess Hospital

pulse

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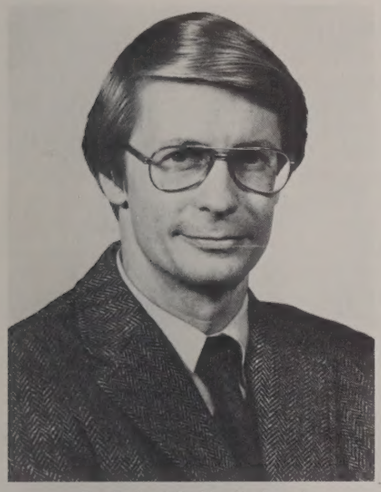

Dr. Robert C. Moellering, Jr.

Dr. Robert C. Moellering appointed Deaconess department of medicine chairman

Dr. Robert C. Moellering, Jr., currently associate physician and an infectious disease specialist at the Massachusetts General Hospital (MGH), has been appointed chairman of the Deaconess department of medicine, effective June 15, 1981. He will succeed Dr. James L. Tullis, who will retire after serving as chairman since 1964.

At the same time, Harvard Medical School announced that Dr. Moellering, presently associate professor of medicine at MGH, has been promoted to professor of medicine at NEDH. He has been associated with the Harvard faculty since 1970.

In announcing the appointment to the Deaconess staff, James F. Farr, chairman of the hospital's board of trustees, said: "We are pleased and gratified that a physician and clinical investigator of Dr. Moellering's calibre has accepted the leadership of the Deaconess department of medicine. As we prepare to build on our tradition of excellence in clinical care, and to strengthen and expand the academic base of our department of medicine, it is particularly appropriate that the leadership of that department be assumed by a physician with a strong background in academic medicine."

A 1962 graduate of Harvard Medical School, Dr. Moellering completed his internship and assistant residency in medicine at MGH from 1962 to 1964. For the next two years, he served as surgeon for the National Heart Institute Collaborative Studies Section with assignment to the Honolulu Heart Program and Hawaii Cardiovascular Study.

Upon completion of his residency at MGH in 1967, he remained there as a research fellow for the next two years. Dr. Moellering joined the staff of the MGH infectious disease unit in 1970. Since then, he has held several positions in the department, including consultant in bacteriology and associate physician.

Dr. Moellering's research activities have centered around the mechanisms of action and interaction of antimicrobial agents as well as

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Giving Mother Nature a helping hand

Most often, the Deaconess Hospital is known for its care of patients with acute illnesses like cancer, diabetes and heart disease. Less well known, however, are the patients who come to the hospital with infertility problems seeking relief from the frustrations of being unable to have children. Fortunately, with the aid of modern surgical techniques and drug therapy, about half of these people now can be helped to conceive and bear children.

Present medical thinking holds that infertility is a joint husband-wife problem in which both partners must be examined and, if necessary, treated. Recent studies have shown that husbands might account for as many as half of all infertile marriages. For this reason, urologists and gynecologists at the Deaconess work together, as a team, to unravel the interlocking and often baffling medical problems of infertile men and women.

Marge and Tom S., a young professional couple in their late 20s, are typical of those seeking help. They have been married for over seven years. Marge has been unable to carry a pregnancy to term. Tom expresses deep feelings of despondency at remaining childless.

At the suggestion of NEDH physicians, Marge and Tom begin infertility testing. Tom undergoes a complete semen analysis which reveals no abnormalities. However, x-rays of Marge's womb show multiple defects, including a blockage of the left fallopian tube at its opening, called the *cornu*.

During a surgical procedure taking several hours, a gynecologist opens the blockage and reimplants Marge's left tube into her uterus. A short time later,

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"Fitness for Life" was the message at the Deaconess employee health fair held on December 10 in the Farr lobby. Ruth Clark (seated, left), staff project dietitian and health fair coordinator, and Janice Rappaport (r), dietetic intern, answered questions concerning the nutrition and exercise programs available to hospital employees. Representatives from the American Cancer Society, American Heart Association and American Lung Association provided handouts, films and displays explaining the impact individual lifestyles can have on a person's health.

Finding relief for the aching back

Living with lower back pain can be a frustrating, expensive and debilitating experience for millions of Americans each year. In this country, 35% of sendentary workers and 45% of those doing heavy work visit health clinics with complaints about lower back pain. The Deaconess employee health clinic is a typical example, receiving an average of 30 visits a month from employees experiencing back pain.

The public is constantly reminded of what constitutes proper back care, but damage can just as easily be caused by the most common reflex movements: sneezing, opening a window, turning suddenly. Once a back is injured, it may never be fully cured. A person has to continue to take preventive measures to stabilize the back by using a firm mattress or bedboard, doing daily exercises tailored for the lower back and losing excess weight.

Sorting out the various causes of back pain and prescribing treatment can be a disconcerting task for any physician, but lower back pain usually originates from one of several conditions – the second most common one being a ruptured or herniated disc (generally and incorrectly referred to as a "slipped" disc).

The discs, which separate the vertebrae (bone segments forming the spinal column) act as shock absorbers for the spine. The circular cushions can be ruptured by a jolt or accident, but discs can also wear down or degenerate and rupture spontaneously without known injury. The discs most likely to be damaged are the ones separating the vertebrae in the lowest (lumbar) region of the spine.

A ruptured disc occurs when the outer cartilage is punctured enabling the gelantinuous center to ooze out. The material pushes against the spinal nerves (usually a root of the sciatic nerve which, in turn, shoots pain down the legs) causing muscle spasms and swelling. Sometimes the protruding disc recedes with the help of bed rest, muscle relaxant medication or physical therapy.

Ultimately, many people suffering from ruptured discs have to seek relief through surgery – sometimes too quickly according to Dr. Charles A. Fager, neurosurgeon at NEDH and Lahey Clinic. His neurosurgical service performs about 600 cervical and lumbar disc operations a year at the Deaconess and Lahey Clinic Medical Center.

"The back has a remarkable ability to heal itself," said Dr. Fager, "Many people want a 'quick fix' of pills, drugs or injections instead of following a conservative line of treatment involving bed rest, exercise, wearing a back support and enduring some temporary

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Volunteers needed for early pregnancy study

A group of Boston physicians is presently recruiting diabetic and non-diabetic women for a nationwide study designed to observe these women very early in their pregnancies when most birth defects are thought to begin.

Although perinatal mortality has been reduced to near normal levels and babies of diabetic women are healthier than ever before, a threefold excess of birth defects in the infants of diabetic mothers remains an unsolved problem. Since few pregnancies have been monitored during the critical weeks immediately after conception, the study should provide new and valuable information as to whether careful blood sugar control in the diabetic woman during early pregnancy may reduce the risk of birth defects in their infants.

Funded by the National Institutes of Health, the project will be conducted in five centers located in Boston, New York, Pittsburgh, Seattle and Chicago. In Boston, Dr. B. Frank Polk, NEDH and Brigham and Women's Hospital, is the principal investigator for the study. Co-investigators are: Drs. John L. Kitzmiller, Brigham and Women's; M. Donna Younger, Joslin Diabetes Foundation; Louis B. Holmes, Massachusetts General Hospital; Shirley Driscoll, Brigham and Women's; and Stephen Schoenbaum, Harvard Medical School.

The research team needs to enroll diabetic and non-diabetic women considering pregnancy in order to instruct them in the use of basal body temperature charts so pregnancy can be determined as early as possible in the project. Once pregnancy is confirmed, both groups will be followed carefully according to a standard plan of study. Diabetic women will have the opportunity to use portable sugar meters and, possibly, insulin pumps during early pregnancy at no cost to study participants. The battery-operated insulin pump provides diabetic women with a steady and adjustable level of insulin between meals throughout the day (check the April 1980 issue of PULSE for more information on insulin pump studies currently being conducted by Deaconess physicians at the Joslin Clinic).

Benefits to non-diabetic women include a free and highly accurate blood pregnancy test and free ultrasound studies of the baby after its organs are formed. The study will not interfere with routine prenatal care given by the woman's personal obstetrician.

Whether you are diabetic or non-diabetic, if you are not yet pregnant and are interested in participating in this project, please call Aimee Grause, RN or Barbara Fargnolli, RN at 732-2006.

Back pain *(continued from page 1)*

pain or discomfort. Out of 20 people with *bonafide* ruptured discs, only 20-25% of them need surgery. Not a week goes by that I don't see at least 5 patients who have had 1 to 3 operations each and are still in pain."

Dr. Fager bases his opinions partially on the results of his research, conducted with the support of the Farr Neurosurgical Fund of the Deaconess Hospital. In a recent paper, Dr. Fager and co-author Dr. Stephen R. Freidberg, neurosurgeon at NEDH and Lahey, analyzed failures and poor results in lumbar spine surgical cases. Drs. Fager and Freidberg examined data concerning 105 patients who had undergone one or more operations on the lumbar spine, most often for the removal of a disc. Patients were referred to Drs. Fager and Freidberg because of persisting pain or a neurological deficiency. In order to avoid personal bias, those patients who had surgery primarily at the Deaconess were excluded.

In reviewing the patients' histories, physical conditions and myelograms (x-rays taken after a contrast agent is injected to outline the spinal nerves), Drs. Fager and Freidberg found that failure occurred because of misdiagnosis, or "improper, incomplete or inadequate operations." The surgeons concluded that no one surgical procedure has been "uniformly successful," and that "careful surgical technique and rigid criteria" were the answer to improving the statistics.

Despite these findings, Dr. Fager said, "that an adequate operation by an experienced surgeon offers a 95% chance of complete recovery. By 'adequate,' I mean good exposure of the ruptured disc and careful protection of the surrounding nerves." "If done properly," he continued, "the nerve root will be relieved of pressure and the patient will be walking that night, home in 2 to 3 days, and back to work within 3 weeks. Patients doing more strenuous or heavy work may not return to work for 1 to 2 months."

A recent controversy over surgery for ruptured discs concern the use of microsurgical techniques. Some surgeons claim that patients recover better and faster when a microscope is used during surgery – a claim Dr. Fager disputes. "The outcome of surgery is determined by selecting the right patient and doing the procedure properly – the difference in recovery time is not determined by using a microscope," he said. "There are technical aspects of certain types of disc rupture, sometimes associated with other conditions of the spine, which require procedures which can't be done with a microscope," Dr. Fager noted. "We use the operating microscope on brain tumors, aneurysms and for some operations on the spinal cord – areas where there may be great concern about damage to the brain or spinal cord," he continued, "but to imply that using the microscope for disc removal is adding anything original to the procedure, or improving patient recovery, is wrong."

One of the latest fads in ruptured disc treatment is chymopapain, an enzyme which is injected into the ruptured disc, supposedly dissolving the disc and eliminating the need for surgery. The Food and Drug Administration (FDA) banned its use in this country a few years ago, following a study that questioned its effectiveness. However, chymopapain is still available in Canada where many Americans go for treatment.

Despite an array of back specialists advising bed rest, traction, medicine, surgery, exercise, etc., many people never achieve complete relief from back pain. According to a recent *Time* magazine report, ". . . From all indications, a major aspect of lower back pain appears to be psychological. Some back specialists say that in as many as 80% of all cases the pain is due not to any overt organic problems but to such elusive factors as stress, worry and other mental attitudes."

Dr. Fager has made similar observations: "Fifty percent of patients we see will be helped no matter what line of treatment is followed. In one study involving chymopapain, fifty percent of those people who didn't know they were getting the enzyme said they felt better, while fifty percent of those injected with a salt solution said they had improved. The placebo effect is strong because of the psychological implications of back pain. Given three weeks with conservative medical treatment, many back problems will correct themselves. Perhaps the best healer is time."

NEDH helps Brookline set up specialized units

Several specialized services have been initiated at Brookline Hospital by NEDH staff members since the two hospitals established a working affiliation last January.

Under the terms of the agreement, Brookline Hospital, a 109-bed community facility, refers patients needing more specialized care to the Deaconess. In return, the Deaconess refers appropriate admissions to Brookline. The arrangement is mutually beneficial since NEDH is able to cut down on its long, urgent waiting list while Brookline's occupancy rate is improved.

At the end of this month, the Deaconess will open and manage an intensive care unit (ICU) at Brookline for both medical and surgical patients. The four-bed unit, which eventually can be expanded to accommodate seven patients, will be under the nursing supervision of Elaine Sherwood, NEDH nursing care coordinator on Farr 6. Maureen Gibbs, who has been a NEDH staff nurse in the coronary care unit since 1975, has been named head nurse of the Brookline ICU.

A foot service for diabetic patients, primarily organized by Dr. Gary Gibbons, a NEDH general and vascular surgeon, and Wendy Beals, Deaconess ambulatory service manager, is currently in operation. Patients admitted to the Brookline unit are cared for by both the Brookline nursing staff and Deaconess special dressing nurses who make daily rounds on a rotating basis.

Two other groups involving oncology and hyperalimentation patients will be set up over the next few months. Dr. George Blackburn, director of the Deaconess Nutrition Support Service; Richard Griffin, assistant manager of NEDH pharmacy/IV therapy services; and Joann Wade, dietitian specialist in hyperalimentation, are working on the hyperalimentation program at Brookline. Dr. Jacob Lokich, chief of the Deaconess medical oncology section, is organizing an oncology cluster at Brookline with the help of Joanne Perri, clinical nurse specialist for oncology. Drs. Blackburn and Lokich are both working out details of the programs with the staff at Brookline.

Dr. Randolph Reinhold, director of Deaconess ambulatory services, was instrumental in expanding Brookline's outpatient community services, which includes a variety of specialty clinics on arthritis, hypertension, diabetes, oncology, etc. for Brookline residents.

"The Deaconess administration recognizes the importance of building a system of linkages with other health care institutions, said Associate Director David F. Lilley, "Because we consider our affiliation with Brookline to be an important commitment, many people at NEDH have put a lot of time and effort into developing programs and making them run effectively." Zelia Gorman, NEDH staff assistant, coordinates the Deaconess aspects of the affiliation.

Generous donations from Deaconess employees to the Boston Globe Santa Fund enabled many needy children from the Boston area to better enjoy the holiday season. Eugene LiCardo, surgical services, designed the NEDH Christmas card which employees signed after making their contributions to the fund.

Deaconess Christmas, 1980

Mechanic Walter Hallowell convinces his granddaughter, Amy, that the candle is real ice. The sculpture was made by Deaconess Chef Malcolm MacDonald.

Pat Kelly, chemistry laboratories, tries to persuade her daughters Kate (l) and Allison to meet Donald Duck.

Making Friends – Jessica (r), daughter of Helen Fardy (laboratories), greets Emily, whose parents Mary and Don Fraser work in the laboratories and public relations, respectively.

What a Way to Spend a Birthday – Buddy Arnold, one-year old, travelled from Alaska to spend the holidays with his grandfather, Alan Kelson, maintenance and engineering.

Friends of the Deaconess served refreshments to appreciative visitors in the Farr lobby.

A Christmas "thank you"

Last November, Michael Lebednik, a 23-year-old diabetic from Lynn, Massachusetts, was successfully treated for his disease by Joslin Clinic physicians at the Diabetes Treatment Unit (DTU) of the Deaconess Hospital.

In appreciation for the care he received, Michael arranged for the 60-member St. Pius 5 Choir of Lynn, of which he's a member, to perform a Christmas concert for DTU patients and staff on December 19.

The sing-along performance, which lifted the spirits of many patients confined to the hospital over the holidays, was later broadcast by WNAC-TV (Channel 7) on its evening news program.

The Westwood High School Double Quartet performs at a Christmas coffee hosted by Director of Nursing Ellen Howland.

(more photos on page 4)

Mavel Biagnini and Her Group entertained hospital employees and their families at the annual Christmas party.

Infertility *(continued from page 1)*

Marge becomes pregnant and, in nine months, delivers the first of her three children.

Doris and Henry G., a 23-year-old couple, are diagnosed as each having an infertility problem. Henry is found to have a varicocele, a varicose vein in the testes which causes low sperm production. A urologist skillfully corrects this condition in a half-hour operation.

Meanwhile, tests reveal that Doris is suffering from endometriosis, a condition where abnormal growth of uterine lining tissue prevents normal functioning of her right ovary. A surgical wedge resection successfully removes the abnormal tissue and saves the right ovary. Six months later, Doris becomes pregnant and later gives birth to her first child.

Sue and Jim M., both aged 27 and hospital workers in Boston, have been unable to conceive in three years of marriage. Urological tests fail to detect any reproductive disorders in Jim. However, a bilateral wedge resection has to be performed on Sue's ovaries to remove a number of large cystic growths.

Despite removal of the cysts, ovulation problems persist due to a hormone imbalance and Sue remains infertile. To induce regular ovulation, her gynecologist prescribes one of the oral "fertility drugs" called clomiphene (Clomid). During the past 15 years, these drugs have had a revolutionary impact on treating infertility problems due to poor ovulation. In Sue's case, Clomid succeeds where surgery failed. She becomes pregnant and goes on to deliver a normal baby.

These are only a few examples of the many patients who have been helped to achieve parenthood through treatment at the Deaconess. The use of new microsurgical techniques at the hospital holds added hope for women seeking to reverse tubal ligations or for those requiring more complex surgery.

Members of the Deaconess gynecology-urology service currently performing infertility work include: Drs. Clement Yahia, service head; Peter H. Dragonas, William J. Finlayson, Thomas Leavitt Jr., Raymond J. Reilly and Bartlett H. Stone. Urologists include Drs. Robert E. Desautels, Manuel J. Merino and Lorande M. Woodruff.

"Who's in there?"

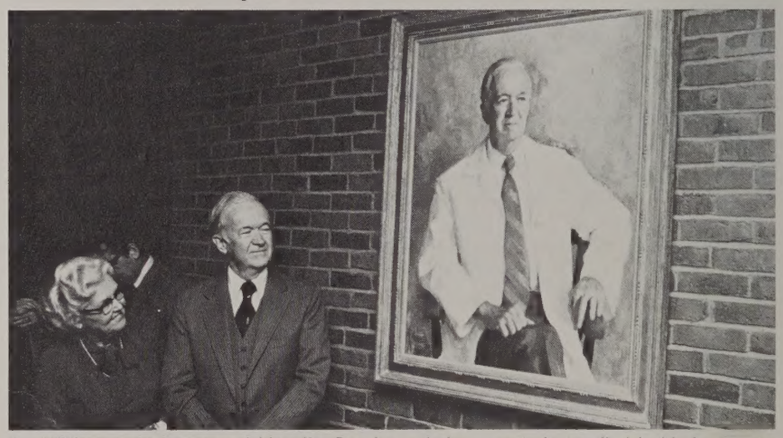
Moellering *(continued from page 1)*

mechanisms of resistance and antibiotics. In addition, he has been involved in clinical research in the areas of pharmacology, epidemiology and general infectious disease. These studies have resulted in the publication of more than 160 scientific articles and abstracts.

In addition to many other organizations, Dr. Moellering is a member of the American Society for Clinical Investigation, the Infectious Disease Society of America, the American Society for Microbiology and the ad hoc review committee of the Board of Scientific Counselors, National Institutes of Health. In 1980, he served as chairman for the Interscience Conference for Antimicrobial Agents and Chemotherapy. A member of the editorial board of the New England Journal of Medicine since 1977, Dr. Moellering is also on the editorial board of Antimicrobial Agents and Chemotherapy.

In 1980, Dr. Moellering was awarded an honorary doctor of science degree by Valparaiso University (Indiana) from which he received his bachelor of arts degree in 1958.

Meissner portrait unveiled



Dr. William A. Meissner and his wife, Bernice, admire a portrait unveiled in his honor at a December 13th ceremony attended by Deaconess administrative and medical staff members, former associates, family and friends. The portrait, painted by artist George Augusta, will be displayed in the Meissner Building with portraits of other Deaconess physicians who have served as chairmen of pathology. Dr. Meissner, who joined the NEDH medical staff in 1942, was chairman of pathology from 1963-72.

New England Deaconess Hospital **pulse**

The New England Deaconess Hospital is a 489-bed and 14-building complex. Physicians from the Joslin Clinic, the Lahey Clinic, Overholt Thoracic Clinic and the general medical and surgical staffs serve the needs of their patients at the hospital. The Deaconess is internationally known for diagnosis, treatment and research in brain and chest surgery, cancer, diabetes and general medicine, and is affiliated with Harvard Medical School.

PULSE is published monthly by the public relations department of the New England Deaconess Hospital.

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The Deaconess celebrates the holidays (see page 3).

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